PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Trademst Office; U.S. Department of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to a policetion of information unless items to a policetion unless items to a policetion unless items to a policetion unless it

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/671,706			ing Date 29/2003	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY										OTHER THAN OR SMALL ENTITY			
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	T .	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A		N/A	ı	N/A	122 (0)	i	N/A	TLL (0)		
	SEARCH FEE		N/A		N/A	ı	N/A		1	N/A			
	(37 CFR 1.16(k), (j), ( EXAMINATION FE (37 CFR 1.16(o), (p), (p)	E	N/A	-	N/A	ı	N/A		1	N/A			
	FAL CLAIMS CFR 1.16(i))	01 (4))	minus 20 =				x \$ =		OR	x s =			
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =			
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))									ı				
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL			
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY													
AMENDMENT	06/24/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.18())	• 17	Minus	<b></b> 20	= 0		x \$ =		OR	X \$50=	0		
	Independent (37 CFR 1.16(h))	• 3	Minus	<b></b> 3	= 0		x \$ =		OR	X \$210=	0		
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.1801)		Minus	**	-	1	x \$ =		OR	x s =			
M	Independent (37 CFR 1.16(h))		Minus	***	-		x \$ =		OR	x s =			
Ä	Application Size Fee (37 CFR 1.16(s))								]				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner:  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "3".													

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 US of 22 and 37 CER 1.41. This collection is estimated to state 27 animates to complete in exident graterials, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double by sent of the CEMPT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THE PATIENT TO